

## CHAPTER 8

### Rules and Regulations for Designated Hospitals

#### Standards for Reimbursement of Designated Hospitals or Other Treatment Providers

Section 1. Authority. This Chapter is promulgated by the Department of Health (“the Department”) pursuant to the Involuntary Commitment Act (“the Act”), codified at W.S. § 25-10-101, *et seq.*, and the Wyoming Administrative Procedure Act at W.S. § 16-3-101, *et seq.*

Section 2. Purpose and Applicability.

(a) These rules have been adopted to establish standards for the reimbursement of designated hospitals or other treatment providers and to establish standards to control costs billed to the Department pursuant to W.S. § 25-10-112.

(b) The Department may issue manuals, bulletins, or both to interpret the provisions of these rules. Such manuals and bulletins shall be consistent with and reflect the policies contained in these rules and regulations. The provisions contained in manuals or bulletins shall be subordinate to the provisions of these rules and regulations.

Section 3. Filing of Claims.

(a) Designated hospitals or other treatment providers filing claims with the Department under W.S. § 25-10-112 for services provided pursuant to W.S. § 25-10-109 or W.S. § 25-10-110 shall provide documentation to the Department detailing the services rendered to patients for which payment is being requested. This documentation shall include, but is not limited to:

(i) All medical records directly related to the services for which payment is being requested;

(ii) An itemized billing statement for services for which payment is requested, to include, as applicable:

(1) A universal billing form;

(2) A CMS 1500

(iii) A certification, signed by the designated hospital representative or treatment provider, indicating that the patient has no public or private health insurance and that there are no other governmental benefit programs from which it can recover the costs of treatment;

(iv) An affidavit from the patient or the legal representative of the patient providing the patient’s financial condition to document the patient’s inability to

pay for treatment. The format for the affidavit and the certification shall be developed by the Department.

(v) Documentation of all efforts made to recover costs of treatment from public and private health insurance, from the patient, and from government benefit programs prior to seeking payment from the Department.

(b) Claims for payment to the Department must be submitted within one (1) year of the service date to be considered for payment.

(c) Claims for medical treatment for those conditions that are not directly related to the emergency detention or involuntary hospitalization shall not be paid by the Department.

#### Section 4. Payment of Claims.

(a) Payment made by the Department pursuant to W.S. § 25-10-112, for services provided by a designated hospital or other treatment provider under W.S. § 25-10-109 and W.S. § 25-10-110, shall not exceed the current rate for similar services as determined by Medicaid.

(b) The Department, in considering a claim for payment, shall determine if the costs submitted by the designated hospital or other treatment provider are reasonably related to the care furnished to the patient and if the care furnished to the patient was medically necessary for the specific treatment of the patient's mental illness.

(c) After a designated hospital or other treatment provider has submitted all documentation as required in Section 5(a), the Department shall pay each claim within 45 days of receipt of the claim pursuant to W.S. § 16-6-602.

#### Section 5. Implementation of Chapter.

(a) The order in which the provisions of this Chapter appear is not to be construed to mean that any provision is more or less important than any other provision.

(b) The text of this Chapter shall control the titles of its various provisions.

Section 6. Superseding Effect. When promulgated, this Chapter supersedes all prior rules or policy statements issued by the Department, including manuals and/or bulletins, which are inconsistent with this Chapter.

Section 7. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force and effect.